

**Town of Zionsville**  
**APPLICATION FOR EMPLOYMENT**

The Town of Zionsville will not discriminate against any applicant or employee because of race, color, sex, religion, national origin, ancestry, sexual orientation, gender identity, familial, veteran or military status, age as defined by applicable law, genetic information, or because they are disabled. Please contact human resources if you need an accommodation to complete this application.

Equal Opportunity Employer

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Mobile Number	E-Mail Address	
<i>Is there additional information or use of another name so we could check your work record with a previous employer?</i>			

Only United States citizens or aliens who have the right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your right to work in the U.S. and your identity? YES ☐ NO ☐

*(Proof of eligibility will be required upon offer of employment)*

Are you 18 years or older? YES ☐ NO ☐

*(If no, you may be required to provide authorization)*

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES ☐ NO ☐

Have you ever applied to The Town of Zionsville before? YES ☐ NO ☐  
*(If yes, please give date.)* \_\_\_\_\_

Have you ever worked for The Town of Zionsville before? YES ☐ NO ☐  
*(If yes, please give dates.)* \_\_\_\_\_ to \_\_\_\_\_ .

Have you ever been convicted or pled guilty or no contest to a crime other than a minor traffic violation? *(A conviction will not necessarily disqualify you unless the conviction record indicates the applicant would not be suitable or desirable for employment in a particular position.)* YES ☐ NO ☐

*(If yes, please explain):* \_\_\_\_\_

Do you have a valid driver's license? *(For driving positions only.)* YES ☐ NO ☐

Have you been convicted of any moving violations in the past five years? YES ☐ NO ☐  
*(If yes, please explain):* \_\_\_\_\_

Is anyone related to you employed by The Town of Zionsville? YES ☐ NO ☐  
*(If yes, please give their name and relationship to you.)* \_\_\_\_\_

Have you ever been fired or asked to resign from a job? YES ☐ NO ☐  
*(If yes, please explain.)* \_\_\_\_\_

Date you would be available to start? \_\_\_\_\_

**EDUCATION**

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (You may exclude any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES ☐ NO ☐

Please give dates and explanation:

**EMPLOYMENT HISTORY** (Begin with current or most recent employer. Include any job-related military service or volunteer activities. You may exclude organizations or activities that indicate race, color, religion, gender, national origin, age, disabilities, or other protected status.)

Company Name	Employment Dates From      To	Salary Start   End	Name and Title of Supervisor
Address		\$      \$	
Phone	Describe your duties:		
Reason for leaving and explanation			
Company Name	Employment Dates From      To	Salary Start   End	Name and Title of Supervisor
Address		\$      \$	
Phone	Describe your duties:		
Reason for leaving and explanation			

Company Name	Employment Dates From      To	Salary Start   End	Name and Title of Supervisor
Address		\$      \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

  

Company Name	Employment Dates From      To	Salary Start   End	Name and Title of Supervisor
Address		\$      \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

### SPECIALIZED SKILLS

Software	Production/Machinery	Other

**REFERENCES** (Please list three persons, who are not related to you, or list previous supervisors who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

## **APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

### **\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Town of Zionsville ( hereafter referred to as The Town) that such employment with The Town is at will, for no specified duration and may be terminated by either The Town or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Town or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Town except the President of the Town Council has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Town Council.

In consideration for employment with The Town, if employed, I agree to conform to the rules, regulations, policies and procedures of The Town at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with The Town, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to The Town and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name and number of person completing this form if other than applicant: \_\_\_\_\_



## Fire Department Supplemental Application

### APPLICATION INSTRUCTIONS

Answer all questions. If the question does not apply to you mark "NA". Applications will not be considered until complete in every respect. Any false information provided on the application or information omissions may disqualify the candidate from the screening process. The completed form must be returned with the Town of Zionsville application.

1. Read each item carefully.
2. This form must be typed or printed in black ink except where indicated.
3. All items must be completed with necessary documentation included.
4. If additional space is needed, attach a supplemental page at the end of this form, referencing each item.

### **Applicant Checklist**

Applicant should initiate steps to provide copies of the below listed documents and attach them to the completed application. Please use the following list as a guide in completing your application. Use copies only, not originals. *These copies become the property of the Town of Zionsville and are not subject to return.*

- Birth Certificate
- High School Diploma or GED
- College transcripts and/or diploma (If applicable)
- Valid Driver's License
- If you have prior military service, copy of discharge (DD214)
- State of Indiana certified Firefighter I and II Certification
- State of Indiana certified Hazardous Materials Operations Certification
- State of Indiana EMT or Paramedic Certification or National Registry Certification
- Any other Fire, EMS, or relative certifications

The Town of Zionsville will not discriminate against any applicant or employee because of race, color, religion, national origin, age as defined by applicable law, genetic information, because they are handicapped, or a disabled, Vietnam or other protected veteran. Contact human resources if you need an accommodation to complete this application.

(An Equal Opportunity Employer)

Admin Use Only

Date Received: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_



**Personal History:**

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Last Name

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First Name

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M.I.

A. List all other names you have used, including nicknames. If you have ever used any last name other than your current name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.

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B. Birth Date (month, day, year)\_\_\_\_\_

**Residences:**

A. List chronologically (most current first) all of your residences in the past five years. Include addresses while attending school, if away from home, and all military addresses; including off base locations, also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex. If additional space needed, attach supplemental pages at end of application.

Date From/To

Number/Street

City

State/Zip

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**Fire Departments:**

Are you currently or have you ever been associated with a Fire Department?

\_\_\_\_\_Paid \_\_\_\_\_ Combination\_\_\_\_\_ Volunteer

If so, please list: name, address, length of association, phone number, current Chief's name, and all Fire / EMS certification numbers.

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**Military Service:**

A. Are you registered for Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Selective Service Number \_\_\_\_\_

B. Have you ever served on active duty in the armed forces of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service \_\_\_\_\_ Serial Number \_\_\_\_\_

Date of active duty (month, day, year) \_\_\_\_\_

\*Type of discharge \_\_\_\_\_

C. Are you currently or have you ever been a member of any United States Armed Forces Reserve or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

D. While in military service were you ever convicted of any offenses (civil or military)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Explain: \_\_\_\_\_

E. Include a copy of your DD214

**Driver's Record:**

A. List all vehicle operator's license(s) you now hold or have held:

Type (Drivers/ CDL)	State of Issuance	License Number	Expiration Date	Restrictions
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B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation?
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C. List all traffic citations you have received in the past three years:

Date	Location	Charge
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D. Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

E. Include a copy of your driver's license

Read the following statement carefully. If you have any questions, please contact the Zionsville Fire Department before signing the form.

### **Release of Liability**

I, \_\_\_\_\_, hereby release the Zionsville Fire Department,  
(Please print)

Town of Zionsville, all elected and appointed officials of the Town of Zionsville, for any and all liabilities in reference to my application for employment with the Zionsville Fire Department, including, but not limited to physical injuries, mental stress, or defamation of character.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Applicant

To be completed by Notary Public:

Subscribed and sworn before me, a Notary Public in the county of \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Applicant Waiver to Release Information

I, \_\_\_\_\_, an applicant to a position with the Zionsville Fire Department agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information:

Educational Records  
Driving Records

Criminal History  
Employment Records

And hereby authorize and request all persons, to whom this request (copy or original) is presented, having information relating to or concerning me, to furnish a duly appointed officer or individual of the Zionsville Fire Department with such. This authorization shall remain on file and shall serve as ongoing authorization for Zionsville Fire Department to procure Motor Vehicle Reports and Criminal History Reports at any time during my employment.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges and understand that such released information shall be treated in a strictly confidential manner. Therefore, I expressly waive all privileges which may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the above information to a Zionsville Fire Department representative.

Further, I understand that misrepresentation or falsification of information on this or any other of the documents which are a part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for appointment, or if not found after appointment with the department will be considered grounds for termination.

Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification for consideration for appointment or if found after appointment will be considered grounds for termination.

Further, I understand that I must provide the department with photocopies of the following:

1. Official Birth Certificate
2. Proof of High School Diploma or its equivalence
3. Valid Driver's License
4. Discharge (DD214 form) from Military Service (if applicable)
5. Certifications of EMS and Fire Training/Schools as appropriate

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

County of Residence \_\_\_\_\_ Notary Seal \_\_\_\_\_